

One-Time Notification to State on First Round of Auto-Enrollment

CMS will begin auto-enrolling full-benefit dual eligible beneficiaries into Part D plans in the Fall of 2005 if they fail to enroll on their own. CMS will notify states which plans their full-benefit dual eligible beneficiaries are enrolled into via the response file to the monthly MMA file. However, for the initial round of auto-enrollment, CMS will provide a one-time file to States in early October that identifies where full-benefit dual eligible beneficiaries residing in their state will be auto-enrolled effective January 1, 2006. The purpose of this file is to ensure States have information to respond to inquiries from their dual eligible beneficiaries, who will be notified of their auto-enrollment in late October.

File Format

The file format will be identical to the MMA State Response file format, but only certain fields will be filled. Specifically, beneficiary identifying data in the first 117 positions and the Part D enrollment data in positions 2212 through 2650, will have data. Please see the attached for the file format of this one-time notification.

Additional information can be found in the MMA Data Dictionary (http://www.cms.hhs.gov/medicarereform/states/state_filespec_data.pdf , see specifically pages 30-32 and 48-49 for relevant data elements specifications), and the MMA Data Q&As (http://www.cms.hhs.gov/medicarereform/states/mma_statedataclar.pdf).

How the File Will Be Provided to States

CMS will send a file to each State using the existing mechanisms (i.e. Connect Direct, or NDM) that are in place for the monthly MMA State Response files. Please send the State's preferred file name for this file; please indicate if the file should be delivered to an existing file name or to a specific file name that is different. **Please provide this information to Sharon Donovan (see contact information at end of letter) by September 16.**

When File Will Be Made Available

We expect this file to be available to States in early October. CMS will notify states of the exact date in September. However, we wanted to provide as much advance notice as possible of this one-time file so States could begin preparations for receiving and using it.

Qualifications of Data to Be Provided

Please keep in mind the following qualifications about the data to be included on this one-time file transmission.

- 1) The data will only include full-benefit dual eligible beneficiaries whom CMS auto-enrolls into a stand-alone Prescription Drug Plan (PDP). This includes those currently receiving their Medicare benefits through Original Medicare, a Medicare Advantage Private Fee-For-Service plan that opts not to offer Part D,

a cost plan that opts not to offer a Part D optional supplemental benefit, or a Medical Savings Account.

The one-time file will NOT include full-benefit dual eligible beneficiaries:

- Whom a Medicare Advantage Special Needs Plan (MA-SNP) has requested to passively enroll (see <http://www.cms.hhs.gov/healthplans/letters/2006calltr.pdf> pages 9-11 for information on this one-time process). Any beneficiaries who opt out of passive enrollment into an MA-SNP will remain in Original Medicare, and CMS will auto-enroll them into a PDP in the November auto-enrollment process. Data about this auto-enrollment will appear in CMS' response file to States' December MMA file.
 - Who are enrolled in a Medicare Advantage plan, including an MA-PFFS plan that opts to offer Medicare Part D. These organizations will submit enrollment transactions to CMS in November or December. Their Part D enrollment data will appear on CMS' response file to States' November or December MMA file.
 - Who are enrolled in a cost plan that offers a Part D optional supplemental benefit. Cost plans will submit enrollment transactions in November or December, and these beneficiaries' Part D enrollment will appear on CMS' response file to States' November or December MMA file).
 - Who are enrolled in a PACE organizations. These beneficiaries agree to obtain all their Medicare benefits through their PACE organization, so auto-enrollment is not necessary.
- 2) Full-benefit dual eligible beneficiaries included in the initial round of auto-enrollments will include any beneficiary identified as being deemed automatically eligible for low-income subsidy (LIS) based on his/her status as a full-benefit dual eligible at the point in time LIS deeming was done. This means that some individuals who are not identified as full-benefit dual eligible in a State's MMA file for August, 2005 (the most recent MMA file prior to CMS identifying full duals in early September) may still be included in the auto-enrollment because of their prior dual eligibility status. This strategy of identifying full-benefit dual eligible beneficiaries for the first round of auto-enrollments will help capture those who go on and off Medicaid over time, especially those who are medically needy.
- 3) Each State's one-time file will include those dual eligible beneficiaries who reside in the given state, based on their mailing address in CMS' systems. This may differ from the State's address data. In addition, beneficiaries may move between the time the auto-enrollment is processed and the one-time file is provided to States. Finally, if an individual has a representative payee (a status designated by the Social Security Administration to identify an individual authorized to make financial decisions on behalf of a beneficiary), the representative payee is the address of record in CMS. Thus, individuals may be included on a given State's one-time response file even though the State has no record of Medicaid eligibility for that person, and, conversely, for an

individual to be omitted from the one-time file even though she/he has Medicaid eligibility in that state.

As noted above, CMS will notify States separately as soon as we have the specific date this file will be sent, and the process for resolving any problems they may experience in receiving it. If States have any questions, please contact Sharon Donovan at (410) 786-2561 or Sharon.Donovan@cms.hhs.gov.

Attachment (1)

State Auto-Assignment Notification File Layout

August 9, 2005

This document provides the file structure and record layout technical specifications of the One-Time State Auto-Assignment Notification File (MMAASTA).

The layout of the MMAASTA file is based upon the file layout of the monthly MMA State Response File. The majority of the fields provided in the MMA State Response File layout will not be meaningfully populated for the One-Time State Auto-Assignment Notification File. The file layout of the MMA State Response File was chosen for this One-Time file in consideration of time, resources, and development.

Section A and Section B of this document describe the One-Time State Auto-Assignment Notification File Layout in terms of the MMA State Response File. Section C clarifies the field descriptions.

Section A provides the entire MMA State Response File layout with all record types and fields listed. The fields that will be meaningfully populated for the One-Time State Auto-Assignment Notification File are highlighted.

Section B provides the abbreviated MMA State Response File layout. The layout of Section B shows all fields that will not be meaningfully populated as collapsed into FILLER fields. The fields that will be meaningfully populated will be listed in the correct positions in the layout.

Section C provides clarification of the field descriptions.

SECTION A: MMA STATE RESPONSE FILE LAYOUT, ALL

The fields which will be meaningfully populated for the One-Time State Auto-Assignment Notification File are shaded and bolded.

Table 1A: Header Record

Field Name	Format	Position	
		Start	End
Record Identification Code	X(3)	1	3
File Process Timestamp	X(26)	4	29
File Accept Indicator Code	X(1)	30	30

Field Name	Format	Position	
		Start	End
File Certify Indicator Code	X(1)	31	31
Total Number of Records	9(8)	32	39
Total Number of Duplicate Records	9(8)	40	47
Total Number of Non-Duplicate Records	9(8)	48	55
Total Number of Valid Records	9(8)	56	63
Total Number of Invalid Records	9(8)	64	71
Total Number of Records Matched	9(8)	72	79
Total Number of Records Not Matched	9(8)	80	87
File Create Month	9(2)	88	89
File Create Year	9(4)	90	93
Filler	X(22)	94	115
Start of Original State Header Record			
Record Identification Code	X(3)	116	118
State Code	X(2)	119	120
File Create Month	9(2)	121	122
File Create Year	9(4)	123	126
Filler	X(169)	127	295
Remainder of Record			
Filler	X(2666)	296	2961

Table 2A: Person-Level Detail Record

Field Name	Format	Position	
		Start	End
Start of Original Detail Record			
Record Identification Code	X(3)	1	3
Eligibility Month/Year	9(6)	4	9
Eligibility Status	X(1)	10	10
Beneficiary's Health Insurance Claim or Railroad Board Number	X(15)	11	25
HIC-RRB Indicator Code	X(1)	26	26
Beneficiary's Social Security Number	9(9)	27	35
SMA Identifier	X(20)	36	55
Beneficiary's First Name	X(12)	56	67
Beneficiary's Last Name	X(20)	68	87
Beneficiary's Middle Name	X(15)	88	102
Beneficiary's Suffix Name	X(4)	103	106

Field Name	Format	Position	
		Start	End
Beneficiary's Sex Code	X(1)	107	107
Beneficiary's Date of Birth	9(8)	108	115
Dual Status Code	9(2)	116	117
FPL% Indicator	9(1)	118	118
Drug Coverage Indicator	9(1)	119	119
Institution Status Indicator	X(1)	120	120
Part D Subsidy Application Approval Code	X(1)	121	121
Part D Subsidy Approval/Disapproval Date	9(8)	122	129
Part D Subsidy Start Date	9(8)	130	137
Part D Subsidy End Date	9(8)	138	145
Part D % of FPL	9(3)	146	148
Part D Subsidy Level	9(3)	149	151
Income Used for Determination	X(1)	152	152
Resource Level	X(1)	153	153
Basis of Part D Subsidy Denial	X(1)	154	154
Result of an Appeal	X(1)	155	155
Change to Previous Determination	X(1)	156	156
Determination Cancelled	X(1)	157	157
Filler	X(23)	158	180
End of Original Detail Record			
Error Return Codes (ERC)			
Record Identification Code ERC	X(2)	181	182
Eligibility Month/Year ERC	X(2)	183	184
Eligibility Status ERC	X(2)	185	186
Beneficiary's Health Insurance Claim or Railroad Board Number ERC	X(2)	187	188
HIC-RRB Indicator Code ERC	X(2)	189	190
Beneficiary's Social Security Number ERC	X(2)	191	192
Beneficiary's Sex Code ERC	X(2)	193	194
Beneficiary's Date of Birth ERC	X(2)	195	196
Dual Status Code ERC	X(2)	197	198
FPL% Indicator ERC	X(2)	199	200
Drug Coverage Indicator ERC	X(2)	201	202
Institution Status Indicator ERC	X(2)	203	204
Part D Subsidy Application Approval Code ERC	X(2)	205	206
Part D Subsidy Approval/Disapproval Date ERC	X(2)	207	208
Part D Subsidy Start Date ERC	X(2)	209	210
Part D Subsidy End Date ERC	X(2)	211	212

Field Name	Format	Position	
		Start	End
Part D % of FPL ERC	X(2)	213	214
Part D Subsidy Level ERC	X(2)	215	216
Income Used for Determination ERC	X(2)	217	218
Resource Level ERC	X(2)	219	220
Basis of Part D Subsidy Denial ERC	X(2)	221	222
Result of an Appeal ERC	X(2)	223	224
Change to Previous Determination ERC	X(2)	225	226
Determination Cancelled ERC	X(2)	227	228
CMS MBD File			
Record Return Code	X(6)	229	234
Medicare Part A/B Finder Code	X(1)	235	235
Medicare Part D Finder Code	X(1)	236	236
Beneficiary Identification			
Beneficiary Claim Account Number	X(9)	237	245
Beneficiary Identification Code	X(2)	246	247
Beneficiary's Date of Birth	9(8)	248	255
Beneficiary's Date of Death	9(8)	256	263
Beneficiary's Sex Code	X(1)	264	264
Beneficiary's First Name	X(30)	265	294
Beneficiary's Middle Initial	X(1)	295	295
Beneficiary's Surname	X(40)	296	335
Cross Reference Numbers (10 occurrences)			
Cross Reference - Beneficiary's Claim Account Number (occurrence 1)	9(9)	336	344
Cross Reference - Beneficiary's Identification Code (occurrence 1)	9(2)	345	346
Cross Reference occurrence 2	9(11)	347	357
Cross Reference occurrence 3	9(11)	358	368
Cross Reference occurrence 4	9(11)	369	379
Cross Reference occurrence 5	9(11)	380	390
Cross Reference occurrence 6	9(11)	391	401
Cross Reference occurrence 7	9(11)	402	412
Cross Reference occurrence 8	9(11)	413	423
Cross Reference occurrence 9	9(11)	424	434
Cross Reference occurrence 10	9(11)	435	445
Social Security Numbers			
Beneficiary's Social Security Number (occurrence 1)	9(9)	446	454
Beneficiary's Social Security Number	9(9)	455	463

Field Name	Format	Position	
		Start	End
(occurrence 2)			
Beneficiary's Social Security Number (occurrence 3)	9(9)	464	472
Beneficiary's Social Security Number (occurrence 4)	9(9)	473	481
Beneficiary's Social Security Number (occurrence 5)	9(9)	482	490
Mailing Address			
Mailing Address Line 1	X(40)	491	530
Mailing Address Line 2	X(40)	531	570
Mailing Address Line 3	X(40)	571	610
Mailing Address Line 4	X(40)	611	650
Mailing Address Line 5	X(40)	651	690
Mailing Address Line 6	X(40)	691	730
Mailing Address City Name	X(40)	731	770
Mailing Address State Code	X(2)	771	772
Mailing Address Zip Code	X(9)	773	781
Mailing Address Change Date	9(8)	782	789
Residence Address			
Residence Address Line 1	X(40)	790	829
Residence Address Line 2	X(40)	830	869
Residence Address Line 3	X(40)	870	909
Residence Address Line 4	X(40)	910	949
Residence Address Line 5	X(40)	950	989
Residence Address Line 6	X(40)	990	1029
Residence Address City Name	X(40)	1030	1069
Residence Address State Code	X(2)	1070	1071
Residence Address Zip Code	X(9)	1072	1080
Residence Address Change Date	9(8)	1081	1088
Representative Payee			
Beneficiary's Representative Payee Switch	X(1)	1089	1089
Non-Entitlement Status			
Part A Non-entitlement Status Code	X(1)	1090	1090
Part B Non-entitlement Status Code	X(1)	1091	1091
Entitlement Reason (5 occurrences)			
Beneficiary's Entitlement Reason Code Change Date (occurrence 1)	9(8)	1092	1099
Beneficiary's Entitlement Reason Code (occurrence 1)	X(4)	1100	1103
Entitlement Reason occurrence 2	X(12)	1104	1115

Field Name	Format	Position	
		Start	End
<i>Entitlement Reason occurrence 3</i>	X(12)	1116	1127
<i>Entitlement Reason occurrence 4</i>	X(12)	1128	1139
<i>Entitlement Reason occurrence 5</i>	X(12)	1140	1151
Part A Entitlement (5 occurrences)			
Beneficiary's Part A Entitlement Start Date (occurrence 1)	9(8)	1152	1159
Beneficiary's Part A Entitlement Start Date (occurrence 1)	9(8)	1160	1167
Beneficiary's Part A Enrollment Reason Code (occurrence 1)	X(1)	1168	1168
Beneficiary's Part A Entitlement Status Code (occurrence 1)	X(1)	1169	1169
<i>Part A Entitlement occurrence 2</i>	X(18)	1170	1187
<i>Part A Entitlement occurrence 3</i>	X(18)	1188	1205
<i>Part A Entitlement occurrence 4</i>	X(18)	1206	1223
<i>Part A Entitlement occurrence 5</i>	X(18)	1224	1241
Part B Entitlement (5 occurrences)			
Beneficiary's Part B Entitlement Start Date (occurrence 1)	9(8)	1242	1249
Beneficiary's Part B Entitlement End Date (occurrence 1)	9(8)	1250	1257
Beneficiary's Part B Enrollment Reason Code (occurrence 1)	X(1)	1258	1258
Beneficiary's Part B Entitlement Status Code (occurrence 1)	X(1)	1259	1259
<i>Part B Entitlement occurrence 2</i>	X(18)	1260	1277
<i>Part B Entitlement occurrence 3</i>	X(18)	1278	1295
<i>Part B Entitlement occurrence 4</i>	X(18)	1296	1313
<i>Part B Entitlement occurrence 5</i>	X(18)	1314	1331
Hospice Coverage (5 occurrences)			
Beneficiary Hospice Coverage Start Date (occurrence 1)	9(8)	1332	1339
Beneficiary Hospice Coverage End Date (occurrence 1)	9(8)	1340	1347
<i>Hospice Coverage occurrence 2</i>	X(16)	1348	1363
<i>Hospice Coverage occurrence 3</i>	X(16)	1364	1379
<i>Hospice Coverage occurrence 4</i>	X(16)	1380	1395
<i>Hospice Coverage occurrence 5</i>	X(16)	1396	1411
Disability Insurance Benefits (3 occurrences)			
Beneficiary Disability Insurance Benefits Entitlement Start Date (occurrence 1)	9(8)	1412	1419
Beneficiary Disability Insurance Benefits Entitlement End Date (occurrence 1)	9(8)	1420	1427

Field Name	Format	Position	
		Start	End
Beneficiary Disability Insurance Benefits Entitlement Date Justification Code (occurrence 1)	X(1)	1428	1428
<i>Disability Insurance Benefits occurrence 2</i>	X(17)	1429	1445
<i>Disability Insurance Benefits occurrence 3</i>	X(17)	1446	1462
Group Health Organization (10 occurrences)			
Beneficiary's Group Health Organization Enrollment Start Date (occurrence 1)	9(8)	1463	1470
Beneficiary's Group Health Organization Enrollment End Date (occurrence 1)	9(8)	1471	1478
Beneficiary's Group Health Organization Contract Number (occurrence 1)	X(5)	1479	1483
<i>Group Health Organization occurrence 2</i>	X(21)	1484	1504
<i>Group Health Organization occurrence 3</i>	X(21)	1505	1525
<i>Group Health Organization occurrence 4</i>	X(21)	1526	1546
<i>Group Health Organization occurrence 5</i>	X(21)	1547	1567
<i>Group Health Organization occurrence 6</i>	X(21)	1568	1588
<i>Group Health Organization occurrence 7</i>	X(21)	1589	1609
<i>Group Health Organization occurrence 8</i>	X(21)	1610	1630
<i>Group Health Organization occurrence 9</i>	X(21)	1631	1651
<i>Group Health Organization occurrence 10</i>	X(21)	1652	1672
MBD Plan Benefits Package Election (10 occurrences)			
MBD Group Health Plan Enrollment Effective Date (occurrence 1)	9(8)	1673	1680
MBD Plan Benefits Package Start Date (occurrence 1)	9(8)	1681	1688
MBD Plan Benefits Package End Date (occurrence 1)	9(8)	1689	1696
MBD Plan Benefits Package Number (occurrence 1)	X(3)	1697	1699
MBD Plan Benefits Package Coverage Type Code (occurrence 1)	X(2)	1700	1701
<i>MBD Plan Benefits Package Election occurrence 2</i>	X(29)	1702	1730
<i>MBD Plan Benefits Package Election occurrence 3</i>	X(29)	1731	1759
<i>MBD Plan Benefits Package Election occurrence 4</i>	X(29)	1760	1788
<i>MBD Plan Benefits Package Election occurrence 5</i>	X(29)	1789	1817
<i>MBD Plan Benefits Package Election occurrence 6</i>	X(29)	1818	1846

Field Name	Format	Position	
		Start	End
<i>MBD Plan Benefits Package Election occurrence 7</i>	X(29)	1847	1875
<i>MBD Plan Benefits Package Election occurrence 8</i>	X(29)	1876	1904
<i>MBD Plan Benefits Package Election occurrence 9</i>	X(29)	1905	1933
<i>MBD Plan Benefits Package Election occurrence 10</i>	X(29)	1934	1962
<i>End Stage Renal Disease Coverage</i>			
Beneficiary's ESRD Coverage Start Date	9(8)	1963	1970
Beneficiary's ESRD Coverage End Date	9(8)	1971	1978
Beneficiary's ESRD Termination Reason Code	X(1)	1979	1979
<i>End Stage Renal Disease Dialysis</i>			
Beneficiary's ESRD Dialysis Start Date	9(8)	1980	1987
Beneficiary's ESRD Dialysis End Date	9(8)	1988	1995
<i>End Stage Renal Disease Transplant</i>			
Beneficiary's ESRD Transplant Start Date	9(8)	1996	2003
Beneficiary's ESRD Transplant End Date	9(8)	2004	2011
<i>Third Party Part A History (5 occurrences)</i>			
Beneficiary's Part A Third Party Start Date (occurrence 1)	9(8)	2012	2119
Beneficiary's Part A Third Party Premium Payer Code (occurrence 1)	X(3)	2020	2022
Beneficiary's Part A Third Party End Date (occurrence 1)	9(8)	2023	2030
Beneficiary's Part A Third Party Buy In Eligibility Code (occurrence 1)	X(1)	2031	2031
<i>Third Party Part A History occurrence 2</i>	X(20)	2032	2051
<i>Third Party Part A History occurrence 3</i>	X(20)	2052	2071
<i>Third Party Part A History occurrence 4</i>	X(20)	2072	2091
<i>Third Party Part A History occurrence 5</i>	X(20)	2092	2111
<i>Third Party Part B History (5 occurrences)</i>			
Beneficiary's Part B Third Party Start Date (occurrence 1)	9(8)	2112	2119
Beneficiary's Part B Third Party Premium Payer Code (occurrence 1)	X(3)	2120	2122
Beneficiary's Part B Third Party Termination Date (occurrence 1)	9(8)	2123	2130
Beneficiary's Part B Third Party Buy In Eligibility Code (occurrence 1)	X(1)	2131	2131
<i>Third Party Part B History occurrence 2</i>	X(20)	2132	2151
<i>Third Party Part B History occurrence 3</i>	X(20)	2152	2171

Field Name	Format	Position	
		Start	End
<i>Third Party Part B History occurrence 4</i>	X(20)	2172	2191
<i>Third Party Part B History occurrence 5</i>	X(20)	2192	2211
Part D Data Elements			
Beneficiary's First Eligible Part D Date	9(8)	2212	2219
Beneficiary's Affirmatively Decline Indicator	X(1)	2220	2220
Beneficiary's Co-Payment History (10 Occurrences)			
Beneficiary's LIS Type (Occurrence 1)	X(1)	2221	2221
Beneficiary's Co-Payment Level (Occurrence 1)	X(1)	2222	2222
Beneficiary's Co-Payment Start Date (Occurrence 1)	9(8)	2223	2230
Beneficiary's Co-Payment End Date (Occurrence 1)	9(8)	2231	2238
<i>Beneficiary's Co-Payment History occurrence 2</i>	X(18)	2239	2256
<i>Beneficiary's Co-Payment History occurrence 3</i>	X(18)	2257	2274
<i>Beneficiary's Co-Payment History occurrence 4</i>	X(18)	2275	2292
<i>Beneficiary's Co-Payment History occurrence 5</i>	X(18)	2293	2310
<i>Beneficiary's Co-Payment History occurrence 6</i>	X(18)	2311	2328
<i>Beneficiary's Co-Payment History occurrence 7</i>	X(18)	2329	2346
<i>Beneficiary's Co-Payment History occurrence 8</i>	X(18)	2347	2364
<i>Beneficiary's Co-Payment History occurrence 9</i>	X(18)	2365	2382
<i>Beneficiary's Co-Payment History occurrence 10</i>	X(18)	2383	2400
Part D Plan Benefit Package (10 Occurrences)			
Beneficiary's Contract Number (Occurrence 1)	X(5)	2401	2405
Beneficiary's Part D PBP Enrollment Start Date (Occurrence 1)	9(8)	2406	2413
Beneficiary's Part D PBP Enrollment End Date (Occurrence 1)	9(8)	2414	2421
Beneficiary's Part D PBP Plan ID (Occurrence 1)	X(3)	2422	2424
Beneficiary's Enrollment Type Indicator (Occurrence 1)	X(1)	2425	2425
<i>Part D Plan Benefit Package occurrence 2</i>	X(25)	2426	2450
<i>Part D Plan Benefit Package occurrence 3</i>	X(25)	2451	2475

Field Name	Format	Position	
		Start	End
<i>Part D Plan Benefit Package occurrence 4</i>	X(25)	2476	2500
<i>Part D Plan Benefit Package occurrence5</i>	X(25)	2501	2525
<i>Part D Plan Benefit Package occurrence 6</i>	X(25)	2526	2550
<i>Part D Plan Benefit Package occurrence 7</i>	X(25)	2551	2575
<i>Part D Plan Benefit Package occurrence 8</i>	X(25)	2576	2600
<i>Part D Plan Benefit Package occurrence 9</i>	X(25)	2601	2625
<i>Part D Plan Benefit Package occurrence 10</i>	X(25)	2626	2650
SSA LIS Future (5 Occurrences)			
Filler occurrence 1	X(50)	2651	2700
Filler occurrence 2	X(50)	2701	2750
Filler occurrence 3	X(50)	2751	2800
Filler occurrence 4	X(50)	2801	2850
Filler occurrence 5	X(50)	2851	2900
Remainder of Record			
Filler	X(61)	2901	2961

Table 3A: File Summary Record

Field Name	Format	Position	
		Start	End
Record Identification Code	X(3)	1	3
State Code	X(2)	4	5
File Process Timestamp	X(26)	6	31
File Create Month	9(2)	32	33
File Create Year	9(4)	34	37
Total Number of Records	9(8)	38	45
Total Number of Duplicate Records	9(8)	46	53
Total Number of Non-Duplicate Records	9(8)	54	61
Total Number of Valid Records	9(8)	62	69
Total Number of Invalid Records	9(8)	70	77
Total Number of Matched Records	9(8)	78	85
Total Number of Unmatched Records	9(8)	86	93
File Certify Indicator Code	X(1)	94	94
File Certify Reason Code	X(20)	95	114
File Certify Timestamp	X(26)	115	140
Total Number of Valid Dual Records	9(8)	141	148
Total Number of Valid Dual Matches	9(8)	149	156

Field Name	Format	Position	
		Start	End
Total Number of Valid Dual Non-Matches	9(8)	157	164
Total Number of Valid LIS Records	9(8)	165	172
Total Number of Valid Current Duals	9(8)	173	180
Total Number of Valid Retro Duals	9(8)	181	188
Total Number of Eligible Months in File	9(2)	189	190
Filler	X(2771)	191	2961

Table 4A: Month Summary Record

Field Name	Format	Position	
		Start	End
Record Identification Code	X(3)	1	3
State Code	X(2)	4	5
File Process Timestamp	X(26)	6	31
File Create Month	9(2)	32	33
File Create Year	9(4)	34	37
Eligibility Month	9(2)	38	39
Eligibility Year	9(4)	40	43
Calculation Switch	X(1)	44	44
Total Number of Valid Dual Eligible Records	9(8)	45	52
Total Number of Valid Full Dual Eligible Records	9(8)	53	60
Total Number of Valid Non-Full Dual Eligible Records	9(8)	61	68
Net Total Valid Full Dual Eligible Enrollments	9(8)	69	76
Net Total Valid Full Dual Eligible Disenrollments	9(8)	77	84
Filler	X(2877)	85	2961

Table 5A: Trailer Record

Field Name	Format	Position	
		Start	End
Record Identification Code	X(3)	1	3
File Process Timestamp	X(26)	4	29
File Create Month	9(2)	30	31
File Create Year	9(4)	32	35
File Accept Indicator Code	X(1)	36	36
Filler	X(7)	37	43
<i>Start of Original State Trailer Record</i>			
Record Identification Code	X(3)	44	46
Beneficiary Record Count	9(8)	47	54
State Code	X(2)	55	56
File Create Month	9(2)	57	58
File Create Year	9(4)	59	62
Filler	X(161)	63	223
<i>Remainder of Record</i>			
Filler	X(2738)	224	2961

SECTION B: MMA STATE RESPONSE FILE LAYOUT, COLLAPSED

The fields which will be meaningfully populated for the One-Time State Auto-Assignment Notification File are shaded and bolded. The fields which will not be meaningfully populated for the One-Time State Auto-Assignment Notification File have been collapsed into FILLER fields.

Table 1B: Header Record

Field Name	Format	Position	
		Start	End
Record Identification Code	X(3)	1	3
File Process Timestamp	X(26)	4	29
FILLER	X(2)	30	31
Total Number of Records	9(8)	32	39
FILLER	X(48)	40	87
File Create Month	9(2)	88	89
File Create Year	9(4)	90	93
FILLER	X(22)	94	115
<i>Start of Original State Header Record</i>			
FILLER	X(180)	116	295
<i>Remainder of Record</i>			
FILLER	X(2666)	296	2961

Table 2B: Person-Level Detail Record

Field Name	Format	Position	
		Start	End
Start of Original Detail Record			
FILLER	X(180)	1	180
End of Original Detail Record			
Error Return Codes (ERC)			
FILLER	X(48)	181	228
CMS MBD File			
FILLER	X(8)	229	236
Beneficiary Identification			
Beneficiary Claim Account Number	X(9)	237	245
Beneficiary Identification Code	X(2)	246	247
Beneficiary's Date of Birth	9(8)	248	255
Beneficiary's Date of Death	9(8)	256	263

Field Name	Format	Position	
		Start	End
Beneficiary's Sex Code	X(1)	264	264
Beneficiary's First Name	X(30)	265	294
Beneficiary's Middle Initial	X(1)	295	295
Beneficiary's Surname	X(40)	296	335
<i>Cross Reference Numbers (10 occurrences)</i>			
Cross Reference - Beneficiary's Claim Account Number (occurrence 1)	9(9)	336	344
Cross Reference - Beneficiary's Identification Code (occurrence 1)	9(2)	345	346
<i>Cross Reference occurrence 2</i>	9(11)	347	357
<i>Cross Reference occurrence 3</i>	9(11)	358	368
<i>Cross Reference occurrence 4</i>	9(11)	369	379
<i>Cross Reference occurrence 5</i>	9(11)	380	390
<i>Cross Reference occurrence 6</i>	9(11)	391	401
<i>Cross Reference occurrence 7</i>	9(11)	402	412
<i>Cross Reference occurrence 8</i>	9(11)	413	423
<i>Cross Reference occurrence 9</i>	9(11)	424	434
<i>Cross Reference occurrence 10</i>	9(11)	435	445
<i>Social Security Numbers</i>			
Beneficiary's Social Security Number (occurrence 1)	9(9)	446	454
Beneficiary's Social Security Number (occurrence 2)	9(9)	455	463
Beneficiary's Social Security Number (occurrence 3)	9(9)	464	472
Beneficiary's Social Security Number (occurrence 4)	9(9)	473	481
Beneficiary's Social Security Number (occurrence 5)	9(9)	482	490
<i>Mailing Address</i>			
Mailing Address Line 1	X(40)	491	530
Mailing Address Line 2	X(40)	531	570
Mailing Address Line 3	X(40)	571	610
Mailing Address Line 4	X(40)	611	650
Mailing Address Line 5	X(40)	651	690
Mailing Address Line 6	X(40)	691	730
Mailing Address City Name	X(40)	731	770
Mailing Address State Code	X(2)	771	772
Mailing Address Zip Code	X(9)	773	781
Mailing Address Change Date	9(8)	782	789

Field Name	Format	Position	
		Start	End
Residence Address			
Residence Address Line 1	X(40)	790	829
Residence Address Line 2	X(40)	830	869
Residence Address Line 3	X(40)	870	909
Residence Address Line 4	X(40)	910	949
Residence Address Line 5	X(40)	950	989
Residence Address Line 6	X(40)	990	1029
Residence Address City Name	X(40)	1030	1069
Residence Address State Code	X(2)	1070	1071
Residence Address Zip Code	X(9)	1072	1080
Residence Address Change Date	9(8)	1081	1088
Representative Payee			
Beneficiary's Representative Payee Switch	X(1)	1089	1089
Non-Entitlement Status			
FILLER	X(2)	1090	1091
Entitlement Reason (5 occurrences)			
FILLER	X(60)	1092	1151
Part A Entitlement (5 occurrences)			
FILLER	X(90)	1152	1241
Part B Entitlement (5 occurrences)			
FILLER	X(90)	1242	1331
Hospice Coverage (5 occurrences)			
FILLER	X(80)	1332	1411
Disability Insurance Benefits (3 occurrences)			
FILLER	X(51)	1412	1462
Group Health Organization (10 occurrences)			
FILLER	X(210)	1463	1672
MBD Plan Benefits Package Election (10 occurrences)			
FILLER	X(290)	1673	1962
End Stage Renal Disease Coverage			
FILLER	X(17)	1963	1979
End Stage Renal Disease Dialysis			
FILLER	X(16)	1980	1995
End Stage Renal Disease Transplant			
FILLER	X(16)	1996	2011
Third Party Part A History (5 occurrences)			
FILLER	X(100)	2012	2111
Third Party Part B History (5 occurrences)			

Field Name	Format	Position	
		Start	End
FILLER	X(100)	2112	2211
Part D Data Elements			
Beneficiary's First Eligible Part D Date	9(8)	2212	2219
Beneficiary's Affirmatively Decline Indicator	X(1)	2220	2220
Beneficiary's Co-Payment History (10 Occurrences)			
Beneficiary's LIS Type (Occurrence 1)	X(1)	2221	2221
Beneficiary's Co-Payment Level (Occurrence 1)	X(1)	2222	2222
Beneficiary's Co-Payment Start Date (Occurrence 1)	9(8)	2223	2230
Beneficiary's Co-Payment End Date (Occurrence 1)	9(8)	2231	2238
FILLER	X(162)	2239	2400
Part D Plan Benefit Package (10 Occurrences)			
Beneficiary's Contract Number (Occurrence 1)	X(5)	2401	2405
Beneficiary's Part D PBP Enrollment Start Date (Occurrence 1)	9(8)	2406	2413
Beneficiary's Part D PBP Enrollment End Date (Occurrence 1)	9(8)	2414	2421
Beneficiary's Part D PBP Plan ID (Occurrence 1)	X(3)	2422	2424
Beneficiary's Enrollment Type Indicator (Occurrence 1)	X(1)	2425	2425
FILLER	X(225)	2426	2650
SSA LIS Future (5 Occurrences)			
FILLER	X(250)	2651	2900
Remainder of Record			
FILLER	X(61)	2901	2961

Table 3B: File Summary Record

Field Name	Format	Position	
		Start	End
FILLER	X(2961)	1	2961

Table 4B: Month Summary Record

Field Name	Format	Position	
		Start	End
FILLER	X(2961)	1	2961

Table 5B: Trailer Record

Field Name	Format	Position	
		Start	End
Record Identification Code	X(3)	1	3
File Process Timestamp	X(26)	4	29
File Create Month	9(2)	30	31
File Create Year	9(4)	32	35
FILLER	X(8)	36	43
<i>Start of Original State Trailer Record</i>			
FILLER	X(180)	44	223
<i>Remainder of Record</i>			
FILLER	X(2738)	224	2961

SECTION C: MMA STATE RESPONSE FILE LAYOUT, FIELD DEFINITIONS

The fields which will be meaningfully populated for the One-Time State Auto-Assignment Notification File are clarified with description in this section. The fields which will not be meaningfully populated for the One-Time State Auto-Assignment Notification File have been collapsed into FILLER fields, as shown also in Section B.

Please be aware that certain record types are not meaningful to the One-Time State Auto-Assignment Notification File, and should not be utilized in this file. These record types are specifically noted in this section.

Table 1C: Header Record

Field Name	Format	Field
		Description
Record Identification Code	X(3)	This field will have the value "OSN," for One-Time State Notification.
File Process Timestamp	X(26)	Format: YYYY.MM.DD.hh.mm.ss.nnnn YYYY = Year; MM = Month; DD = Day; hh = hour; mm = minute; ss = second; nnnnnn = microsecond The exact time that the state file had been processed.
FILLER	X(2)	This space on the record will not be supplied with meaningful data for the purpose of the One-Time State Auto-Assign Notification File.
Total Number of Records	9(8)	The total number of detail records in the One-Time State Auto-Assignment Notification File.
FILLER	X(48)	This space on the record will not be supplied with meaningful data for the purpose of the One-Time State Auto-Assign Notification File.
File Create Month	9(2)	The month in which the One-Time State Auto-Assignment Notification File was created.
File Create Year	9(4)	The year in which the One-Time State Auto-Assignment Notification File was created.
FILLER	X(2868)	This space on the record will not be supplied with meaningful data for the purpose of the One-Time State Auto-Assign Notification File.

Table 2C: Person-Level Detail Record

Field Name	Format	Field Description
FILLER	X(236)	This space on the record will not be supplied with meaningful data for the purpose of the One-Time State Auto-Assign Notification File.
Beneficiary Claim Account Number	X(9)	The number identifying the primary Medicare Beneficiary under the SSA or RRB programs. This number along with the Beneficiary Identification Code uniquely identifies a Medicare Beneficiary.
Beneficiary Identification Code	X(2)	A code that is used in conjunction with the Beneficiary Claim Account Number to uniquely identify a Medicare Beneficiary. The BIC Code establishes the beneficiary's relationship to a primary Social Security Administration (SSA) or Railroad Retirement Board (RRB) wage earner and is used to justify entitlement to Medicare benefits.
Beneficiary's Date of Birth	9(8)	The date of birth of the Medicare Beneficiary. MMDDCCYY: Month, day, century

Field Name	Format	Field
		Description
		and year
Beneficiary's Date of Death	9(8)	The date of death of the Medicare Beneficiary. MMDDCCYY: Month, day, century and year
Beneficiary's Sex Code	X(1)	Represents the sex of the Medicare Beneficiary. Examples include: Male and Female Valid values: 0 = Unknown 1 = Male 2 = Female
Beneficiary's First Name	X(30)	The first name of the beneficiary.
Beneficiary's Middle Initial	X(1)	The middle initial of the Medicare Beneficiary middle name.
Beneficiary's Surname	X(40)	The last name (surname) of the Medicare Beneficiary including any following titles.
Cross Reference - Beneficiary's Claim Account Number (occurrence 1)	9(9)	An additional beneficiary claim account number associated with the Medicare Beneficiary. The beneficiary's entitlement has been cross-referenced from this number to the beneficiary's active claim account number.

Field Name	Format	Field
		Description
Cross Reference - Beneficiary's Identification Code (occurrence 1)	9(2)	The beneficiary's identification code associated with the Medicare Beneficiary's cross-referred claim account number.
Cross Reference occurrence 2	9(11)	The second most recent Cross-Reference Health Insurance Claim Number (XREF HICN) for the beneficiary.
Cross Reference occurrence 3	9(11)	The third most recent Cross-Reference Health Insurance Claim Number (XREF HICN) for the beneficiary.
Cross Reference occurrence 4	9(11)	The fourth most recent Cross-Reference Health Insurance Claim Number (XREF HICN) for the beneficiary.
Cross Reference occurrence 5	9(11)	The fifth most recent Cross-Reference Health Insurance Claim Number (XREF HICN) for the beneficiary.
Cross Reference occurrence 6	9(11)	The sixth most recent Cross-Reference Health Insurance Claim Number (XREF HICN) for the beneficiary.
Cross Reference occurrence 7	9(11)	The seventh most recent Cross-Reference Health Insurance Claim Number (XREF HICN) for the beneficiary.
Cross Reference occurrence 8	9(11)	The eighth most recent Cross-Reference Health Insurance Claim Number (XREF HICN) for the beneficiary.
Cross Reference occurrence 9	9(11)	The ninth most recent Cross-Reference Health Insurance Claim Number (XREF HICN) for the beneficiary.
Cross Reference occurrence 10	9(11)	The tenth most recent Cross-Reference Health Insurance Claim Number

Field Name	Format	Field
		Description
		(XREF HICN) for the beneficiary.
Beneficiary's Social Security Number (occurrence 1)	9(9)	The beneficiary's identification number that was assigned by the Social Security Administration.
Beneficiary's Social Security Number (occurrence 2)	9(9)	The second most recent Social Security Number for the beneficiary.
Beneficiary's Social Security Number (occurrence 3)	9(9)	The third most recent Social Security Number for the beneficiary.
Beneficiary's Social Security Number (occurrence 4)	9(9)	The fourth most recent Social Security Number for the beneficiary.
Beneficiary's Social Security Number (occurrence 5)	9(9)	The fifth most recent Social Security Number for the beneficiary.
Mailing Address Line 1	X(40)	The first line of the address.
Mailing Address Line 2	X(40)	The second line of the street address.
Mailing Address Line 3	X(40)	The third line of the street address.
Mailing Address Line 4	X(40)	The fourth line of the mailing address.
Mailing Address Line 5	X(40)	The fifth line of the mailing address.
Mailing Address Line 6	X(40)	The sixth line of the mailing address.
Mailing Address City Name	X(40)	The name of the city for the Medicare Beneficiary's residence, or temporary residence and/or mailing address.

Field Name	Format	Field
		Description
Mailing Address State Code	X(2)	The beneficiaries' postal state code.
Mailing Address Zip Code	X(9)	The zip code associated with the address
Mailing Address Change Date	9(8)	The date a new or corrected address becomes effective for a Medicare Beneficiary. MMDDCCYY: Month, day, century and year
Residence Address Line 1	X(40)	The first line of the address.
Residence Address Line 2	X(40)	The second line of the street address.
Residence Address Line 3	X(40)	The third line of the street address.
Residence Address Line 4	X(40)	The fourth line of the mailing address.
Residence Address Line 5	X(40)	The fifth line of the mailing address.
Residence Address Line 6	X(40)	The sixth line of the mailing address.
Residence Address City Name	X(40)	The name of the city for the Medicare Beneficiary's residence, or temporary residence and/or mailing address.

Field Name	Format	Field
		Description
Residence Address State Code	X(2)	The beneficiaries' postal state code.
Residence Address Zip Code	X(9)	The zip code associated with the address
Residence Address Change Date	9(8)	The date a new or corrected address becomes effective for a Medicare Beneficiary. MMDDCCYY: Month, day, century and year
Beneficiary's Representative Payee Switch	X(1)	A switch that indicates whether the beneficiary has a Representative Payee for social security cash benefit purposes. Values: Blank = Field is not applicable, no rep payee indicated Y = Beneficiary has designated a representative payee
FILLER	X(1122)	This space on the record will not be supplied with meaningful data for the purpose of the One-Time State Auto-Assign Notification File.
Beneficiary's First Eligible Part D Date	9(8)	The first date on which a beneficiary had become eligible for Medicare Part D, whether or not enrolled on a Medicare Part D plan.
Beneficiary's Affirmatively Decline Indicator	X(1)	An indicator providing whether or not a beneficiary had chosen

Field Name	Format	Field
		Description
		not to be auto-enrolled by CMS in a Medicare Part D plan. Values: Y = YES N = NO
Beneficiary's LIS Type (Occurrence 1)	X(1)	A code indicating whether the beneficiary was determined eligible for Low-Income Subsidy or Deemed eligible. Values: L = Low-Income Subsidy (LIS) D = Deemed
Beneficiary's Co-Payment Level (Occurrence 1)	X(1)	An indicator providing the level of copay granted to the beneficiary. Values: If BENE LIS TYPE = L 1 = HIGH 4 = 15% If BENE LIS TYPE = D 1 = HIGH 2 = LOW 3 = 0 (ZERO)
Beneficiary's Co-Payment Start Date (Occurrence 1)	9(8)	The effective date of the copay period. Format: MMDDCCYY
Beneficiary's Co-Payment End Date (Occurrence 1)	9(8)	The end date of the copay period. Format: MMDDCCYY
FILLER	X(162)	This space on the record will not be supplied with meaningful data for the purpose of the One-Time

Field Name	Format	Field
		Description
		State Auto-Assign Notification File.
Beneficiary's Contract Number (Occurrence 1)	X(5)	Unique identifications for an agreement between CMS and a managed care organization or PDP sponsor enabling the plan to provide Medicare Part D prescription drug coverage.
Beneficiary's Part D PBP Enrollment Start Date (Occurrence 1)	9(8)	The effective date that the beneficiary was enrolled in the Service Elections (PBP). Format: MMDDCCYY
Beneficiary's Part D PBP Enrollment End Date (Occurrence 1)	9(8)	The end date of the beneficiary's enrollment in the Service Elections (PBP). Format: MMDDCCYY
Beneficiary's Part D PBP Plan ID (Occurrence 1)	X(3)	A unique identifier for the managed care benefit package. For Medicare Part D, this number is a unique identification for an agreement between CMS and a Medicare Part D provider, enabling the Medicare Part D provider to provide prescription drug coverage to eligible beneficiaries.
Beneficiary's Enrollment Type Indicator (Occurrence 1)	X(1)	An indicator providing the type of enrollment performed. Values: A = Auto-Enrolled

Field Name	Format	Field
		Description
		B = Beneficiary Election C = Facilitated Enrollment D = System-Generated Enrollment (Rollover)
FILLER	X(536)	This space on the record will not be supplied with meaningful data for the purpose of the One-Time State Auto-Assign Notification File.

Table 3C: File Summary Record

NOTE: The File Summary Record is not meaningful to the One-Time State Auto-Assign Notification File, and should not be utilized in this file.

Field Name	Format	Field
		Description
FILLER	X(2961)	This space on the record will not be supplied with meaningful data for the purpose of the One-Time State Auto-Assign Notification File.

Table 4C: Month Summary Record

NOTE: The Month Summary Record is not meaningful to the One-Time State Auto-Assign Notification File, and should not be utilized in this file.

Field Name	Format	Field
		Description
FILLER	X(2961)	This space on the record will not be supplied with meaningful data for the purpose of the One-Time State Auto-Assign Notification File.

Table 5C: Trailer Record

Field Name	Format	Field
		Description
Record Identification Code	X(3)	This field will have the value "TLR," for One-Time State Notification.
File Process Timestamp	X(26)	Format: YYYY.MM.DD.hh.mm.ss.nnnn YYYY = Year; MM = Month; DD = Day; hh = hour; mm = minute; ss = second; nnnnnn = microsecond The exact time that the state file had been processed.
File Create Month	9(2)	The month in which the One-Time State Auto-Assignment Notification File was created.
File Create Year	9(4)	The year in which the One-Time State Auto-Assignment Notification File was created.
FILLER	X(2926)	This space on the record will not be supplied with meaningful data for the purpose of the One-Time State Auto-Assign Notification File.

